







Recreational Diving Medical Declaration

New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.

Fees for a medical examination are the responsibility of the diver.

NOTES TO DIVER: It is necessary for members of the above organisations to complete this form annually on renewal of membership. In the interim if a diver has a new heath problem that results in a "Yes" as below they must contact a UKDMC Medical Referee for advice. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a UKDMC Medical Referee (listed on http://ukdmc.org).

IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION WILL INVALIDATE YOUR INSURANCE. YOU MUST DECLARE ANY MEDICAL PROBLEM PAST OR PRESENT OR ANY CHANGE IN HEALTH AS THIS MAY AFFECT YOUR FITNESS TO DIVE.

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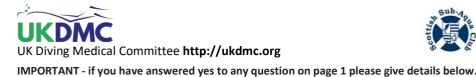
Name:			Date of birth:				
Ad	dress:		•				
Email:		Telephone:	Occupation:				
Dive organisation:		Branch:	Membership no:				
Have you ever had or suffered from -					No		
1	1 Diseases of the heart and circulation including high blood pressure (or taking tablets for high blood						
	pressure), angina, chest pains or palpitations?						
	2 Chest or heart surgery?						
	3 Significant bleeding or blood disorders?						
	4 Asthma, chronic obstructive airways disease or ever used an inhaler?						
	5 Collapsed lung, pneumothorax or other lung injury?						
	6 Any other problem affecting the lungs, suspected or known COVID-19 or tested positive for COVID-19?						
	7 Blackouts, fainting or recurrent dizziness?						
8	8 Abdominal surgery, Ileostomy, colostomy or repair of a hiatus hernia?						
	9 Epilepsy or fits?						
	O Disease of the brain or nervous system (including strokes or multiple sclerosis) or recurrent migraines?						
	1 Back or spinal surgery or any serious back problems?						
12	2 Psychological illness of any kind, fear of small spaces, suicidal thoughts or panic attacks?						
13	3 Diabetes?						
14	4 Cancer, malignant disease or a tumour?						
15	Decompression illness, immersion induced pulmonary oedema or other diving related problem?						
16	16 Do you currently have a requirement for any prescribed medication (except the contraceptive pill)?						
17	7 Do you have a BMI of 40 or greater? To calculate BMI go to www.nhs.uk						
18	8 Have you had regular ear problems in the past 10 years?						
19	9 Have you had a head injury with loss of consciousness in the past 5 years?						
20	Have you had any problem with alcohol or drug abuse in the last 5 years?						
21	Have you ever been refused a diving medical certificate or life insurance or been offered special terms?						
22	22 Are you currently receiving medical care or have you consulted a doctor in the last year other than for mild						
	self limiting illnesses that have completely resolved? (Please discuss any symptoms of the upper or lower						
	respiratory tract with a UKDMC Medi	-					
23	Are you concerned about any other m	nedical issue that has not been covered	by the questions on this page?				
I, the subject of this medical, am signing to certify that I have declared everything and Signed: Date:							
und	understand that failure to do so may put myself and/or buddy at risk of harm or death.						
/C:-		f 4 0\					

(Signature of Parent or Guardian if under the age of 18)

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT SPEAK TO A UKDMC MEDICAL REFEREE ABOUT THE IMPLICATIONS FOR DIVING

Divers answering 'Yes' to any question above must seek advice from a UKDMC Medical Referee. Please be aware that many UKDMC Medical Referees are in full time employment so allow a reasonable amount of time for your enquiry to be processed.

Only page 1 is required for divers answering No to all questions - if answering Yes complete pages 2 and 3 which can be downloaded from ukdmc.org









I authorise any doctor who has attended me to disclose my relevant medical history, if requested, to the UKDMC Medical Referee.								
Signed:	Date:							

IMPORTANT - pages 1 and 2 are confidential between the diver and the UKDMC Medical Referee. Please read the following instructions - If you have answered 'Yes' to any question on page 1 or if you are unsure on any area, you should seek advice from a UKDMC Medical Referee. From a telephone call or email enquiry, the UKDMC Medical Referee may only need to sign Page 3 without the need for an examination. Please take a copy of this form and send the original to the UKDMC Medical Referee, by post or email as arranged together with the required fee and a stamped self-addressed envelope. When returned to you, hand a copy of Page 3 to your Diving Officer or equivalent and retain the original as explained below. The UKDMC Medical Referee may require a statement from your GP or any specialist and/or need to see you for an examination. If an examination is required and you are found fit to dive, the UKDMC Medical Referee will also complete page 3 with an expiry date or a statement that further medical assessment is not required unless you develop a new medical problem. As above hand a copy of Page 3 to your Diving Officer or equivalent and retain the original with your Qualification Record Logbook. You need to review the declaration each year to check there is no new problem and if not take a copy of Page 3, initial and date the small box confirming this and give this copy to your Diving Officer or equivalent. Keep the original Page 3 to review and initial and date each year until the certificate expires or you develop a new medical problem or require new medication at which point you need to contact a UKDMC Medical Referee.

Please copy only page 3 to your Branch/Club









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Name:				Dat	te of birth:							
Address:												
Email:		Telephone:		Occ	cupation:							
Dive organ	isation:	Branch:		Me	mbership ı	no:						
Recreational Medical Certificate												
For completion by a UKDMC Medical Referee only If you disagree with the UKDMC Medical Referee's decision and this is not resolvable with discussion you may contact the UKDMC directly via the secretary at ukdmc.org												
a. In light of my assessment I hereby confirm I have not identified any medical condition that I consider incompatible with recreational diving (delete if N/A).												
With the following restrictions if relevant												
	ess there is a change in th			r medicatio	n/treatmen	t, they need	not submit					
their medical declaration form to a UKDMC Medical Referee:												
Indefinite		years	C			1 . 1. 1	1					
	ould save a copy of this form nce the Referee signed this f		confirm ther	e has been n	io change in t	heir medical	condition or					
Initial	nee the Nerer ee signed this i	<u> </u>										
Date:												
Date.												
c In li	ight of my assessment the	diver is NOT fit to div	a (delete if N	ν/Λ)								
c. In I	gitt of my assessment the	diver is NOT III to div	e (delete ii i	v /								
Signature of	UKDMC Medical Referee:											
Print Name:		Da	Date:									
GMC number:												
Referee stamp:												

Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

Please copy only this page to your Branch/Club